

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90045 006 \*\*\*150.00

40002244



<b>DOCUMENT # F00000002678</b> 1. Entity Name <b>SKYCROSS, INC.</b>					
Principal Place of Business <b>300A NORTH DRIVE MELBOURNE, FL 32934</b>			Mailing Address <b>300A NORTH DRIVE MELBOURNE, FL 32934</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <del>50-8634343</del> <b>59-3706438</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCHEINBLUM, MARK D ESQ. 450 SOUTH ORANGE AVENUE SUITE 800 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>DBM</b> <input type="checkbox"/> Delete <b>CUMMINGS, MARK</b> <b>348 CAMINO AL LAGO</b> <b>ATHERTON, CA 94027</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>DBM</b> <input type="checkbox"/> Delete <b>CHAO, SCOTT</b> <b>130 ADMIRAL COCHRANE DRIVE, SUITE 102</b> <b>ANNAPOLIS, MD 21401</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>DPBM</b> <input type="checkbox"/> Delete <b>MORTON, CHRIS</b> <b>300A NORTH DRIVE</b> <b>MELBOURNE, FL 32934</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>CD</b> <input type="checkbox"/> Delete <b>SWANSON, LARS</b> <b>175 FEDERAL STREET</b> <b>BOSTON, MA 02110</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>DBM</b> <input type="checkbox"/> Delete <b>MARTIN, DON</b> <b>300A NORTH DRIVE</b> <b>MELBOURNE, FL 32934</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>DBM</b> <input type="checkbox"/> Delete <b>PENKACIK, AARON</b> <b>P.O. BOX 868</b> <b>NASHUA, NH 030610868</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
<b>SIGNATURE:</b>			<b>ANDREW MELLEN</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-10-05</b>		
			<b>321-308-6600</b>		
			<small>Date Daytime Phone #</small>		